

Name
in
Full

Gertrude B. Alderson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Cecilton		County	Cecil	
Date of death	Month	Day	Age	Years	Months	Days
1905	9	21	—	—	6	24
Sex	Female	Color or Race	White	Birth-place	Cecil Co. Md.	
Occupation	—	Where Residing If not at place of death			—	
Married, Single or Widowed	—	Name of Wife or Husband			—	
Father's Name	Robert L. Alderson			Father's Birthplace	Cecil Co. Md	
Mother's Maiden Name	Ella Warren			Mother's Birthplace	Del-	
Name of person giving information	Robert L. Alderson			How related to deceased	Father	

CAUSES OF DEATH

Primary

Marasmus

W9

How long

3 months

Immediate

11

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

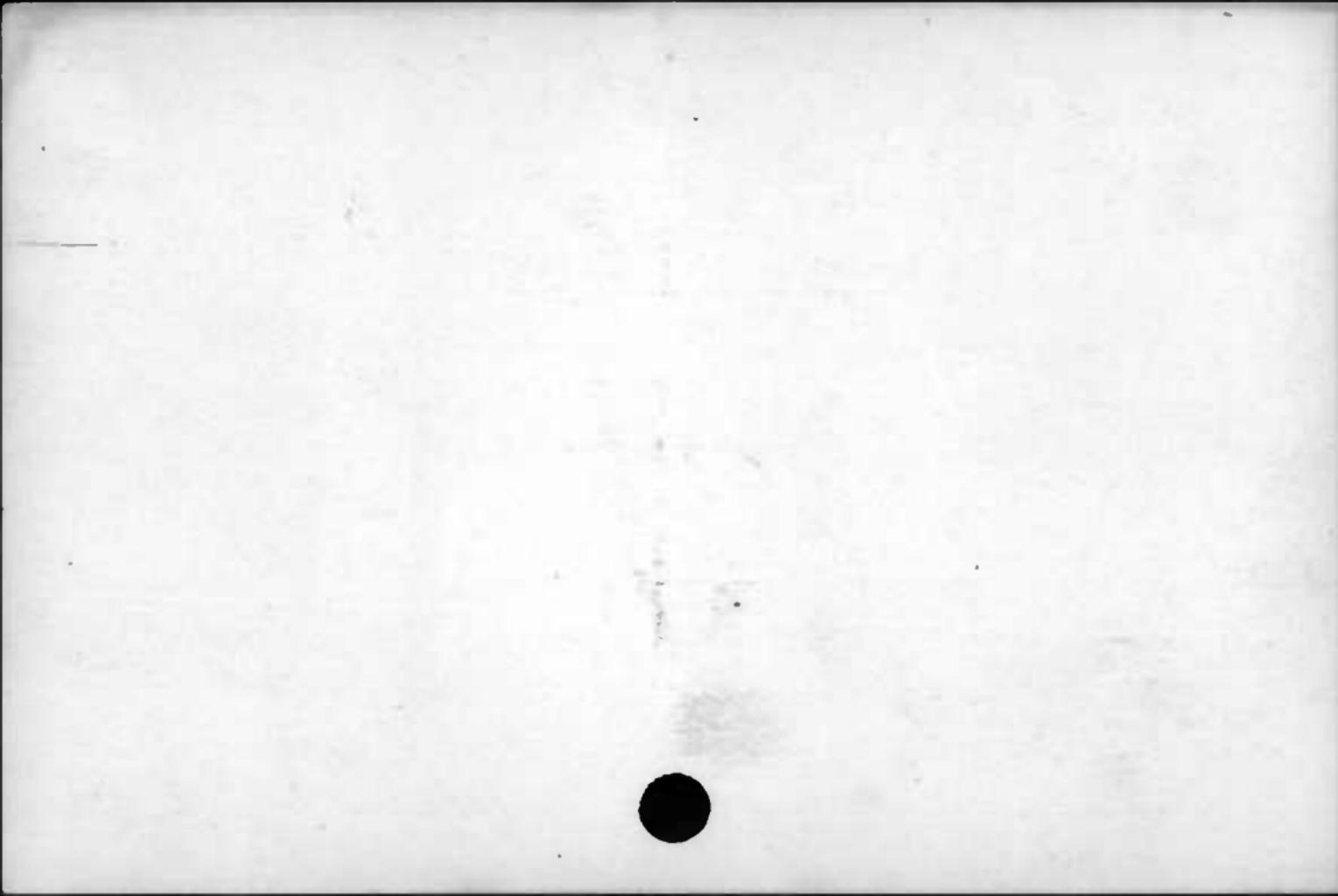
E. N. Bradford

Cecilton

MD

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mary S. Algard

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Charlestoun</u>		Town	County <u>Cecil</u>	MARYLAND	
Date of death <u>1905</u>	Month <u>Sept</u>	Day <u>18</u>	Age	Years	Months
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place	Days
Occupation	Where Residing if not at place of death		<u>Charlestoun</u>		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Carrol C. Algard</u>			Father's Birthplace <u>Charlestoun, Md.</u>		
Mother's Maiden Name <u>Bland Ress</u>			Mother's Birthplace		
Name of person giving information <u>J. Algard</u>			How related to deceased <u>Grandfather</u>		

CAUSES OF DEATH

Primary

Hess

How long

Immediate

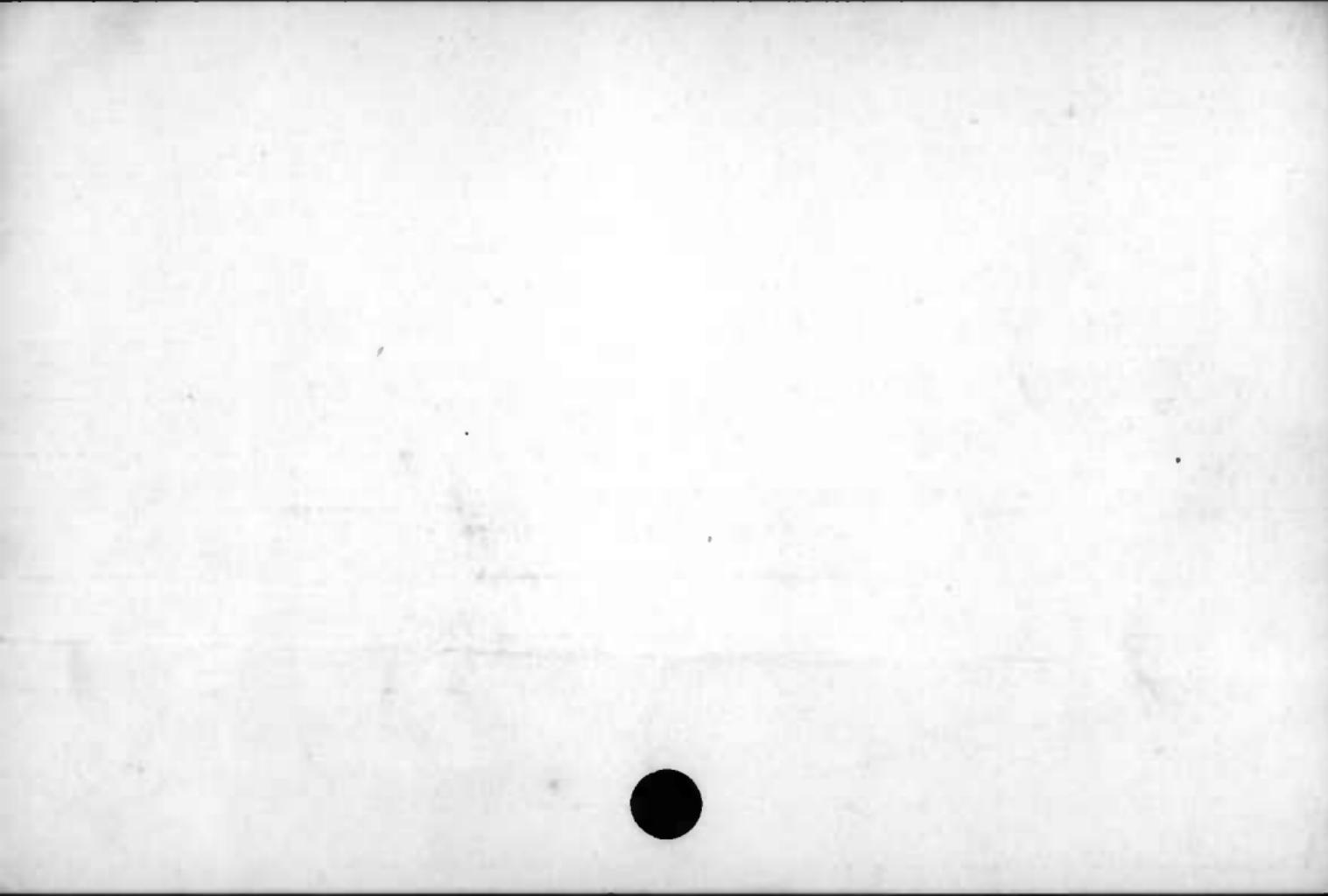
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. Queegler
Hurst

Accident or Suicide?



Name
in
Full

Thomas Barred

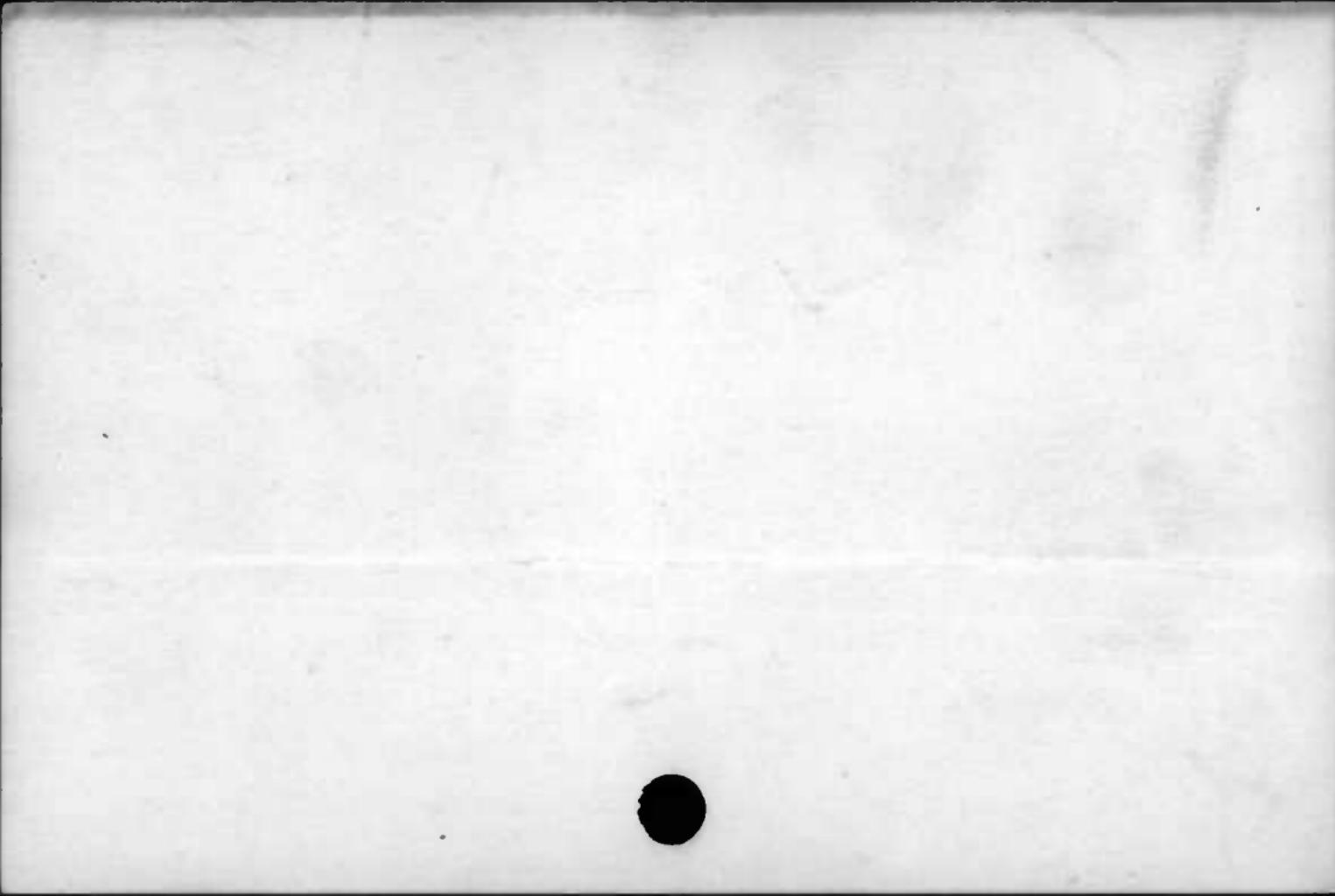
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Blaafk	Birth-place	Rock Springs
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	v		
Father's Name	Dont Know				
Mother's Maiden Name	Mary Jones				
Name of person giving information	Susan Jones				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis	X	How long	1 year
	Immediate	Pul. Hemorrhage		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. M. Rogan	
			Address	Conowings	
Accident or Suicide?					



Name
in
Full

Albert L. H. Blaske Jr 3 dist

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Cherry Hill	Cecil		
Date of death	Month	Day	Years	Months Days
1905	Sept	14	Age	4
Sex	Color or Race	white	Birth-place	Md
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Single				
Father's Name	A. L. H. Blaske			Father's Birthplace
Mother's Maiden Name	Mary E Collins			Mother's Birthplace
Name of person giving Information	A. L. H. Blaske			How related to deceased
Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enteritis (?) How long

Immediate Meningitis How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

H. Arthur Mitchell M.D.

Address

Elkton Md.

Accident or Suicide?

881

Name
in
Full

James Cepha.

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Cecilton</u>		County <u>Cecil</u>			
Date of death <u>1905</u>	Month <u>9</u>	Day <u>17</u>	Age <u>26</u>	Years	Months
Sex	Color or Race			Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>James Cepha</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Martha Benton</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Frank Wilson</u>			How related to deceased	<u>none</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy

(69)

How long

Since birth

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

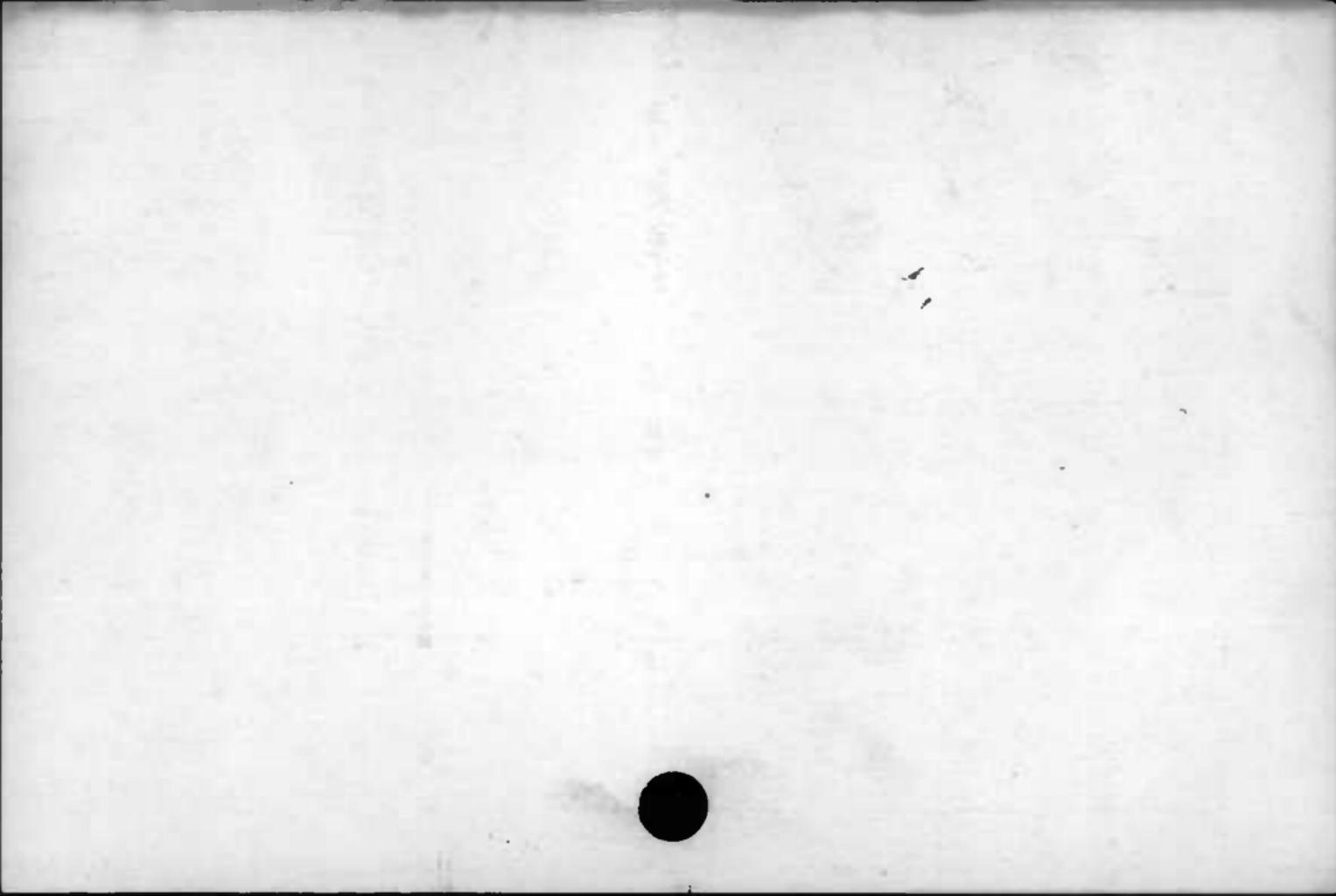
yes

Signature of Physician

Address

P.M. Black
Cecilton, Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Harriet Clark		Town	County	Baltimore MARYLAND		
Died at	Baltimore		Accident	Months	Days	
Date of death	1905	Month Sept	Day 12	Age 7		
Sex	Male	Color or Race	Colored	Birth-place	Baltimore	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Harriet Clark			Father's Birthplace	Port Republic	
Mother's Maiden Name	Harriet Clark			Mother's Birthplace	Baltimore	
Name of person giving information	Harriet Clark			How related to deceased	Grandmother	

CAUSES OF DEATH

Primary

Diphtheria

(9)

How long

2 weeks -

Immediate

Heart failure

How long

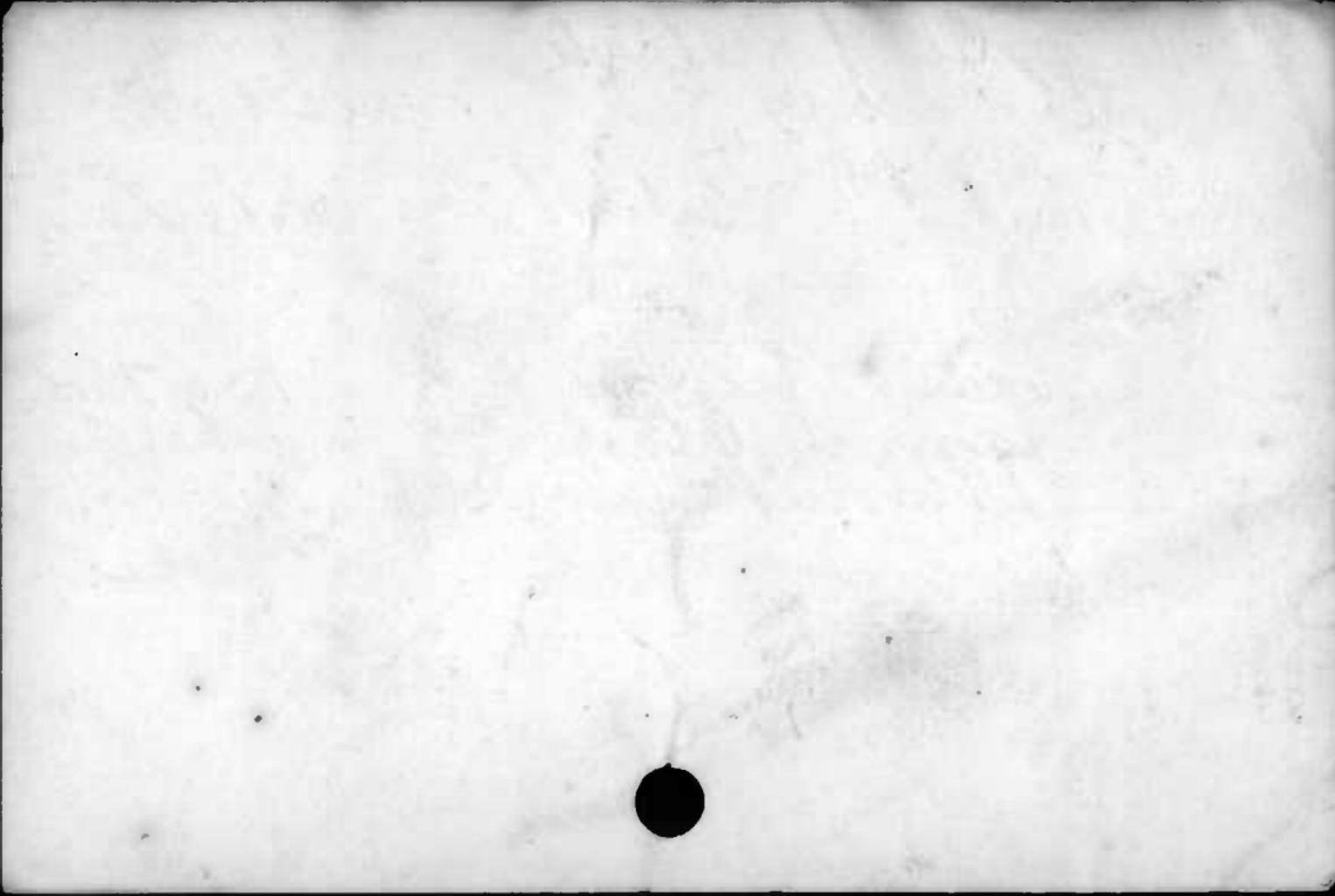
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A.C. Donahoe
Post Office -

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	
Father's Name	Frankles. Lefly		Lockern	
Mother's Maiden Name	Fayret - Colen		Mother's Birthplace	Pop. 1000
Name of person giving information	Frankles - Lefly		How related to deceased	Mother

CAUSES OF DEATH

Primary

Malignant. Gonococcalis

How long

six & 1/2 years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

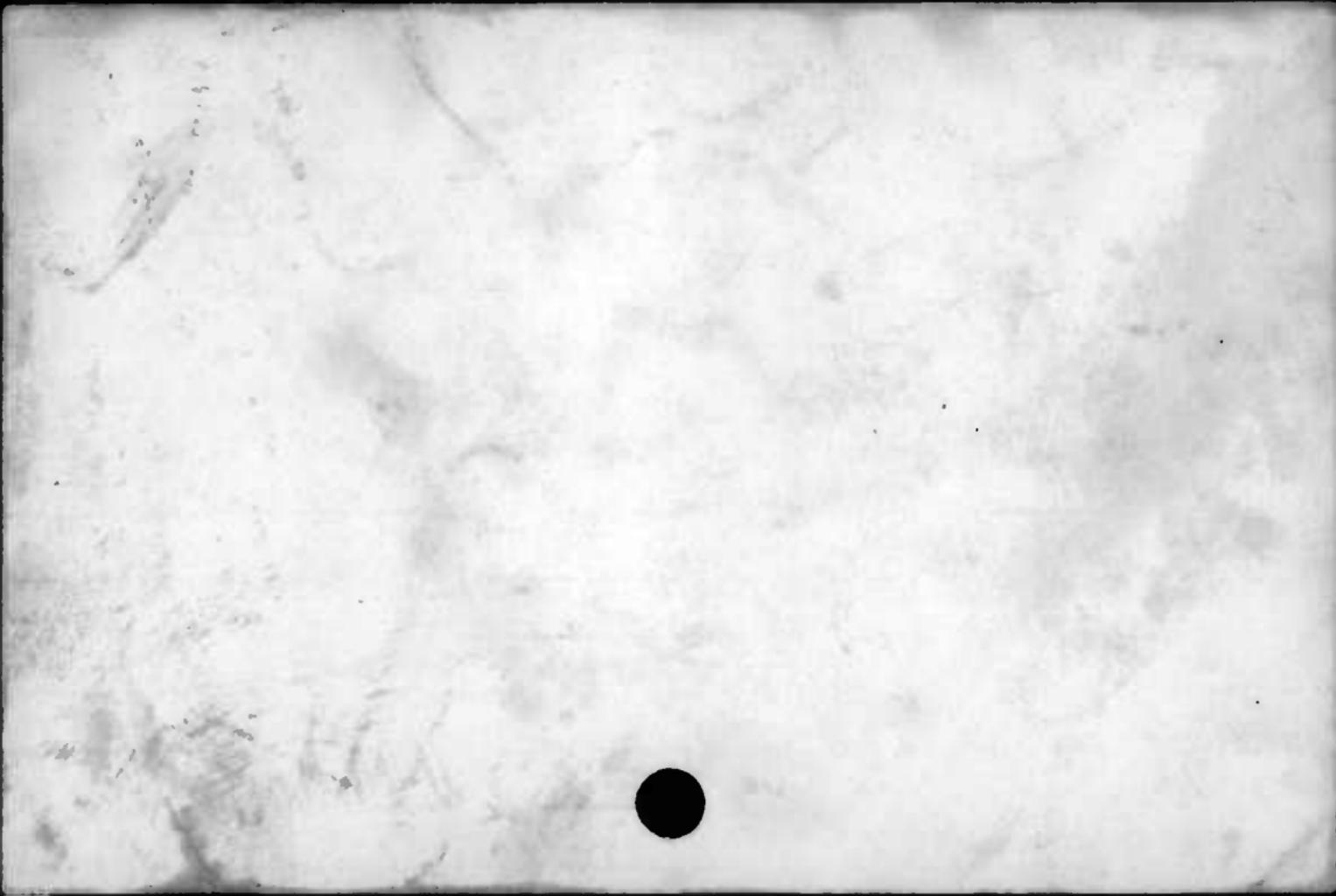
Signature of Physician

H. B. Jordan, M.D.

Address

Liberty Grove, Md.

Accident or Suicide?



Name
in
Full

Mary Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Earlville	Cecil	Months	Days
Date of death	Month	Day	Age	Years
1905	9	20	82	
Sex	Female	Color or Race	Black	
Occupation	House Wife	Where Residing if not at place of death	Cecil Co Md	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Benjamin Cooper	
Father's Name				
Mother's Maiden Name	Rosa Freeman			
Name of person giving Information	Christopher Cooper			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Cardiac Asthma

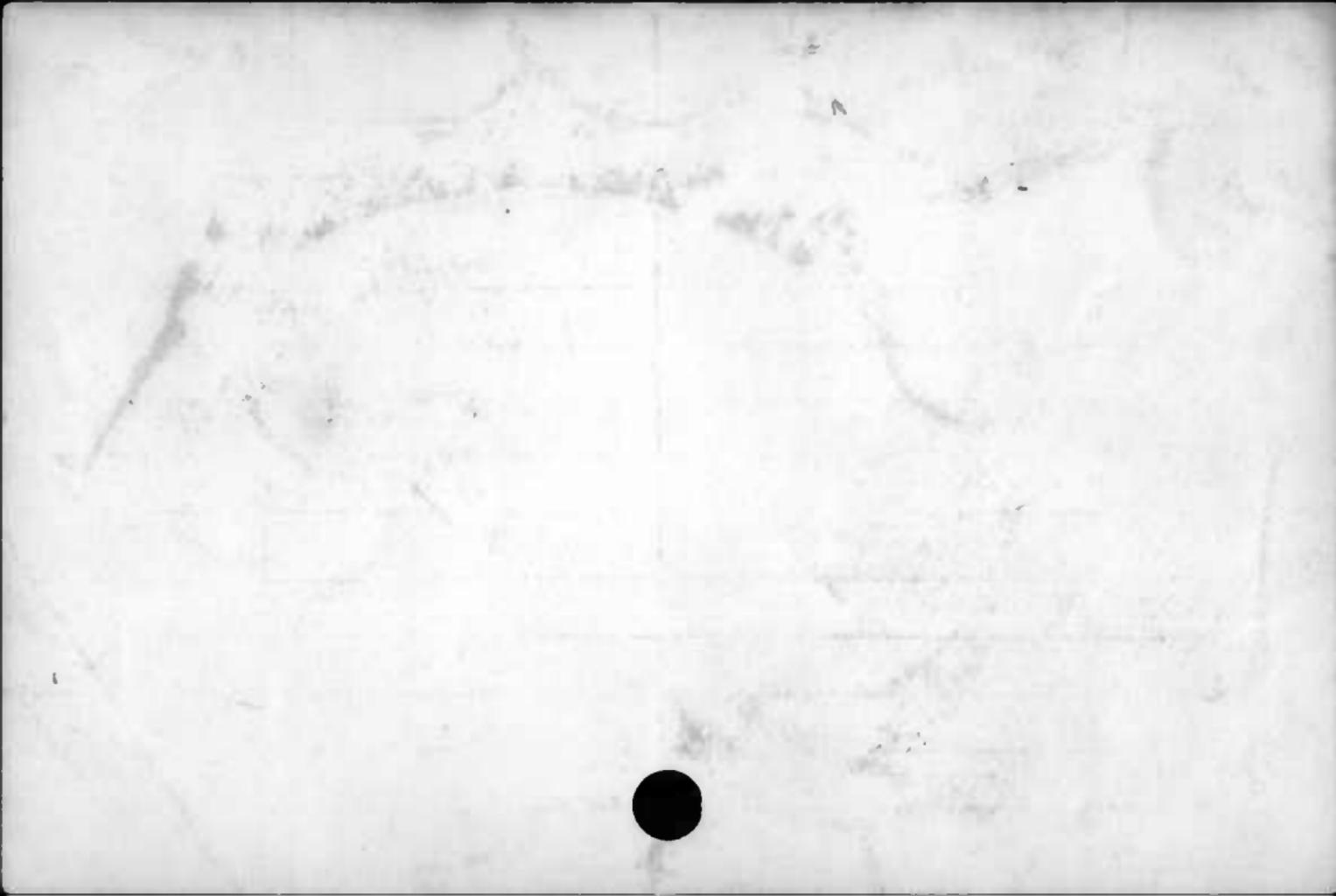
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Isaac Durbrow

CERTIFICATE OF DEATH

MARYLAND

Died at Calvert

County

Cal

Town

Date of death

1905

Month

9

Day

21

Years

72

Months

Days

Age

Sex

Occupation

Color or Race

White

Birthplace

Married, Single or Widowed

Single

Where Residing if not at place of death

At Calvert

Father's Name

Mother's Maiden Name

Name of person giving information

Father's Birthplace

Mother's Birthplace

How related to deceased

He. S. Stubbs

Not living

CAUSES OF DEATH

Primary

Cystitis

attendance about two weeks

Immediate

Gen. Debility & Kidney dis.

Causes

Are the name, age, sex, color, date and place correctly given above?

Yes

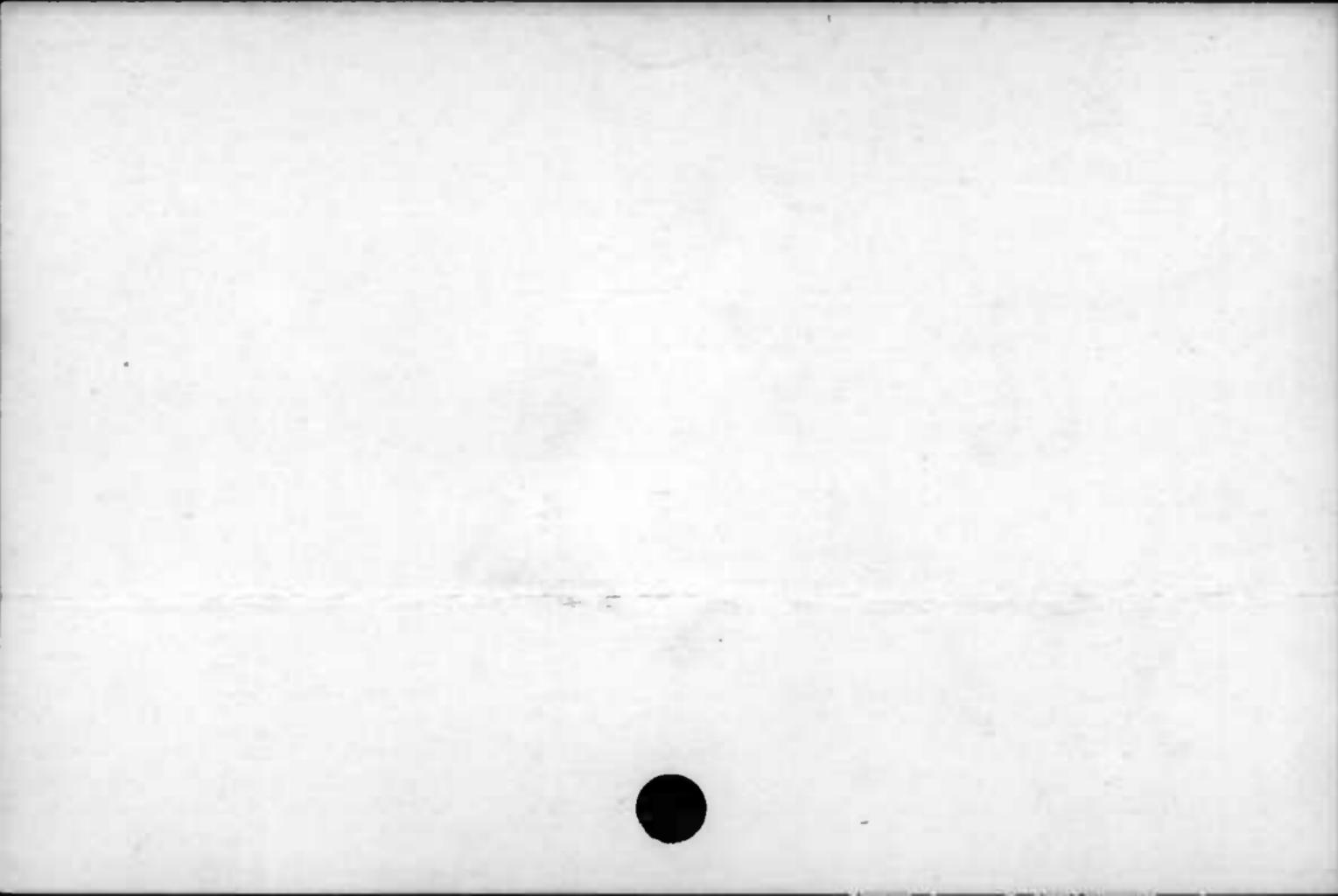
Signature of Physician

Address

John T. Rose M.D.
Oxford Pa.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

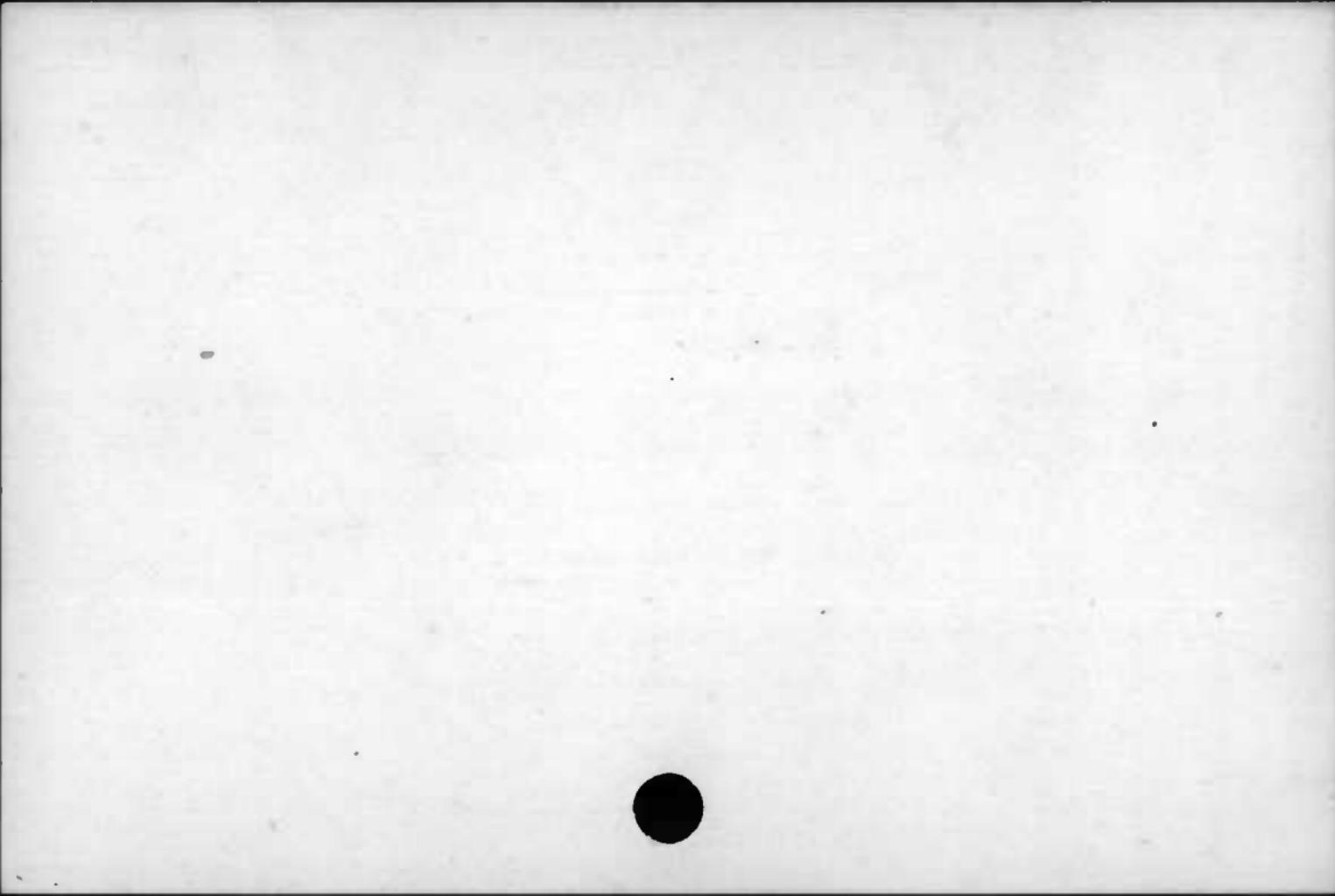
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eaton</u>		County <u>Cecil</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Sept</u>	Day <u>29</u>	Years _____	Months _____	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Eaton-</u>			
Occupation _____	Where Residing if not at place of death _____				
Married, Single or Widowed <u>S</u>	Name of Wife or Husband _____				
Father's Name <u>Wm Eley</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Ida J Wallace</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Wm Eley</u>	How related to deceased <u>Father</u>				
CAUSES OF DEATH					
Primary	<u>Inanition</u>			How long <u>151</u>	
Immediate	<u>Exhaustion</u>			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>Wm D. Cawley</u>	Address <u>Eaton</u>	
Accident or Suicide? _____					

PHYSICIAN
OR CORONER





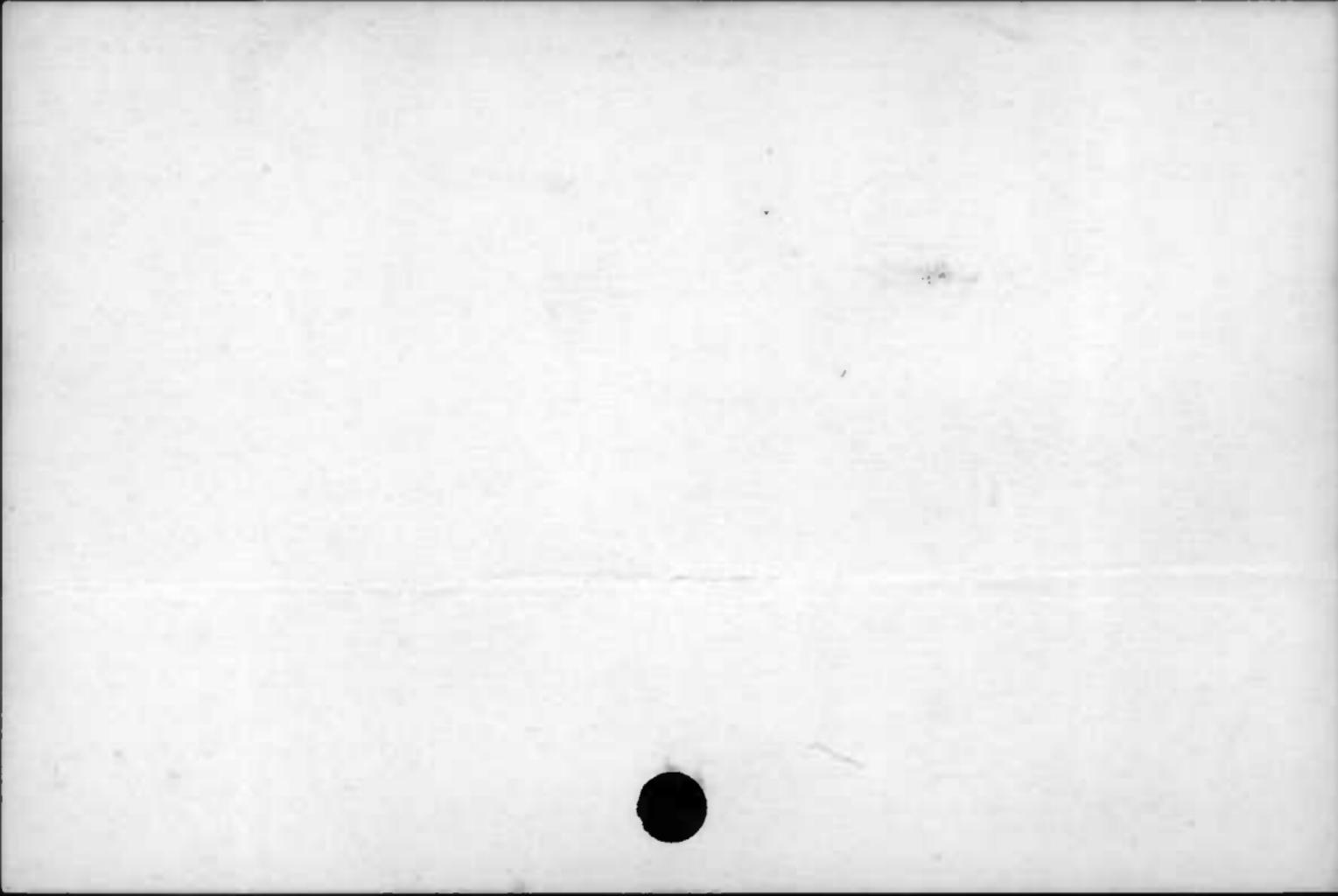
Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Charles Emory Moore Jelpel				CERTIFICATE OF DEATH	
Died at Colorado		Town County		MARYLAND	
Date of death 1905	Month Sept	Day 23	Years 13	Munths	Days 16
Sex male	Color or Race	white		Birth-place	Deale Co Md
Occupation School boy	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband		Father's Birthplace	Germany	
Father's Name Wm P Jelpel			Mother's Birthplace	Penn Co Pa	
Mother's Maiden Name Catharine McCaugian			Name of person giving information	How related to deceased	
Leahine Jelpel 160			Leahine Jelpel	Mother	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Accident fracture of knee		How long	Lived 5 hours
Immediate	Shock and hemorrhage.		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician		Ernest Rowland
Accident. (Run away horse)		Address		Liberty Grove Md.



Name in Full

Certificate of Death

Samuel E. Fisher

Town

Perryville

County

Cecil

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

05

Sept. 16

Age

16-11

Male

White

Married

Widow

Native of

Perryville Switchman

Occupation

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Sam'l. G. Fisher

Mother's

Maiden Name

Ella Porter

How long sick

Cause of

Primary

Killed by train on

Death

Immediate

Columbia & P.D. Railroad.

Accident, Suicide, Homicide

Reported by

Address

Ricketts Saloon, Corom

Elkton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Caroline Garnett

CERTIFICATE OF DEATH

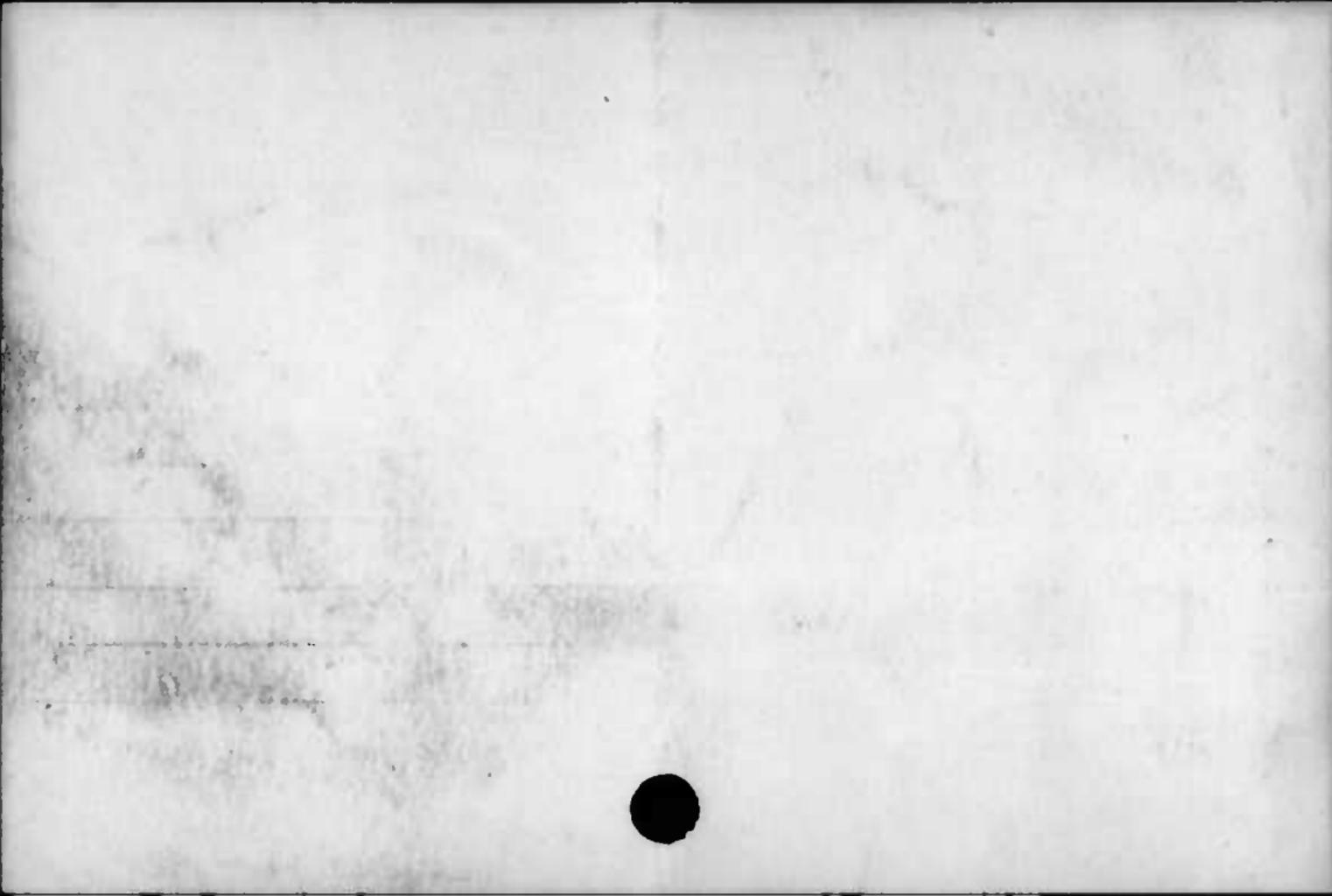
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died at	County	MARYLAND			
Date of death 1905	Month 9	Day 28	Years 87	Months 2.	Days 15-
Sex Female	Color or Race afriac	Birth- place Cecil county			
Occupation House Keeper	Where Residing if not at place of death near Freemans mill				
Married, Single Widowed	Name of Wm. Husband w. J. Garnett				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary Dilatation of heart due to age	How long Year
Immediate Dropsey	How long Six weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address E. N. Loringford Baltimore Md
Accident or Suicide?	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Matilda George				CERTIFICATE OF DEATH			
Died at	Town	Cecil		County			
Date of death	Month	Day	Years	Munths	Days		
1905	9	26	80	11	11		
Sex	Female	Color or Race	White	Birth-place	Blackbird del		
Occupation	Housekeeping			Where Residing if not at place of death			
Married, Single or Widowed	widowed	Name of Wife or Husband		Father's Name	Peter Wootherwell	Father's Birthplace	Delaware
Mother's Maiden Name	Matilda Wootherwell	Mother's Birthplace	delaware				
Name of person giving Information	Harry W George			How related to deceased	Son		

CAUSES OF DEATH

Primary

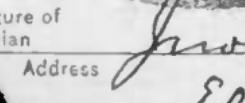
General debility



How long

several yrs

Immediate



How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J.W. Cooper Jr. M.D.
Elkton, Md.

Accident or Suicide?

Wiley Clappel.
Elk Neck. Md.

Name
in
Full

Walter Gifford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1905 Sept

23

21

11 m

Days

Sex

Color or
Race

Age

White

Birth-
place

Baltimore

Occupation

Student

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Single

Walter Gifford

Father's
Birthplace

Mother's
Maiden Name

Vania L Gifford

Mother's
Birthplace

Name of person giving
Information

Sally Greco

How related
to deceased

Walter Gifford

Ind Father

CAUSES OF DEATH

Primary

Chronic nephritis



How long

Edggs

Immediate

Edema heart trouble

How long

3 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

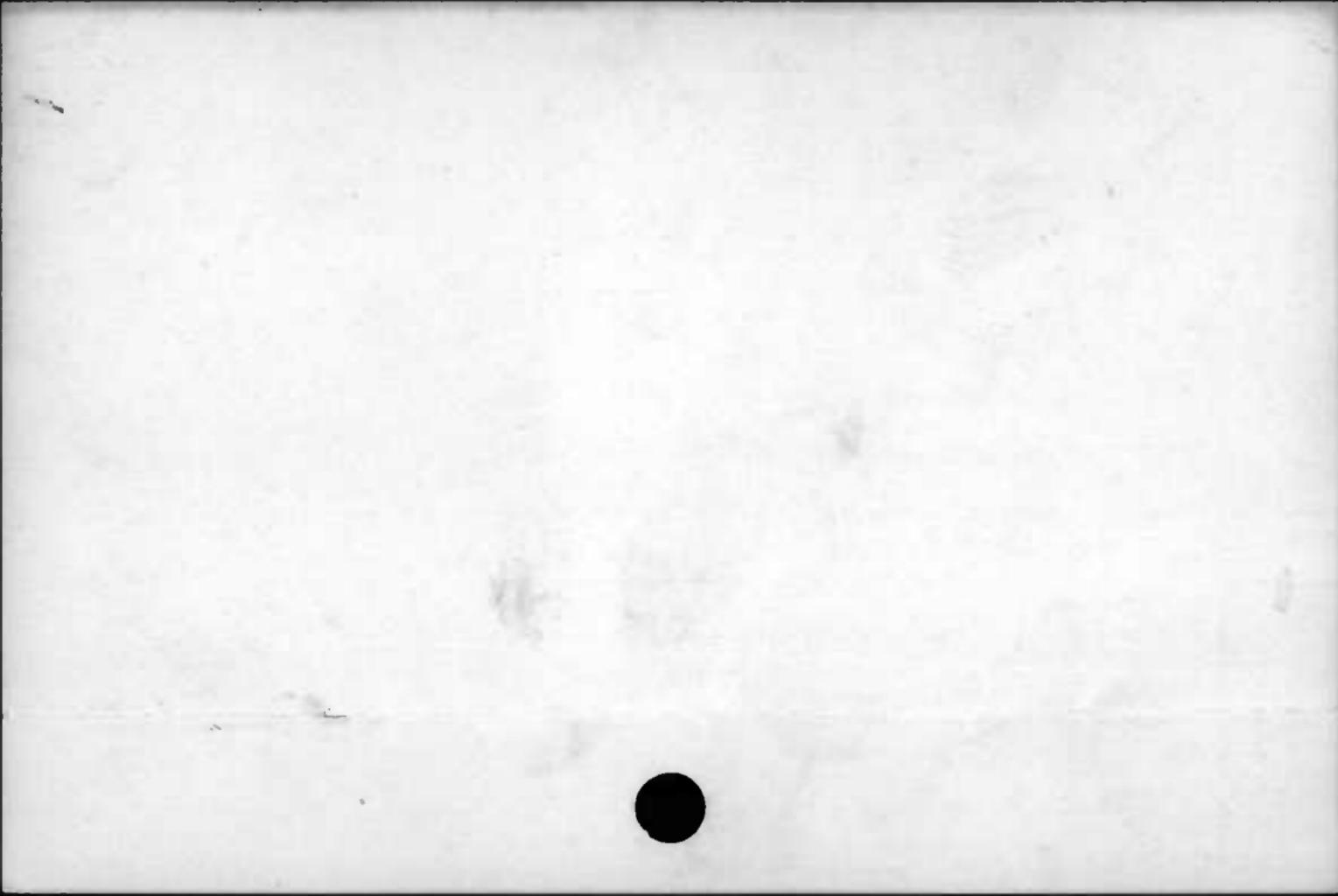
Signature of
Physician

Address

Accident or Suicide?

Yes





Name
in
Full

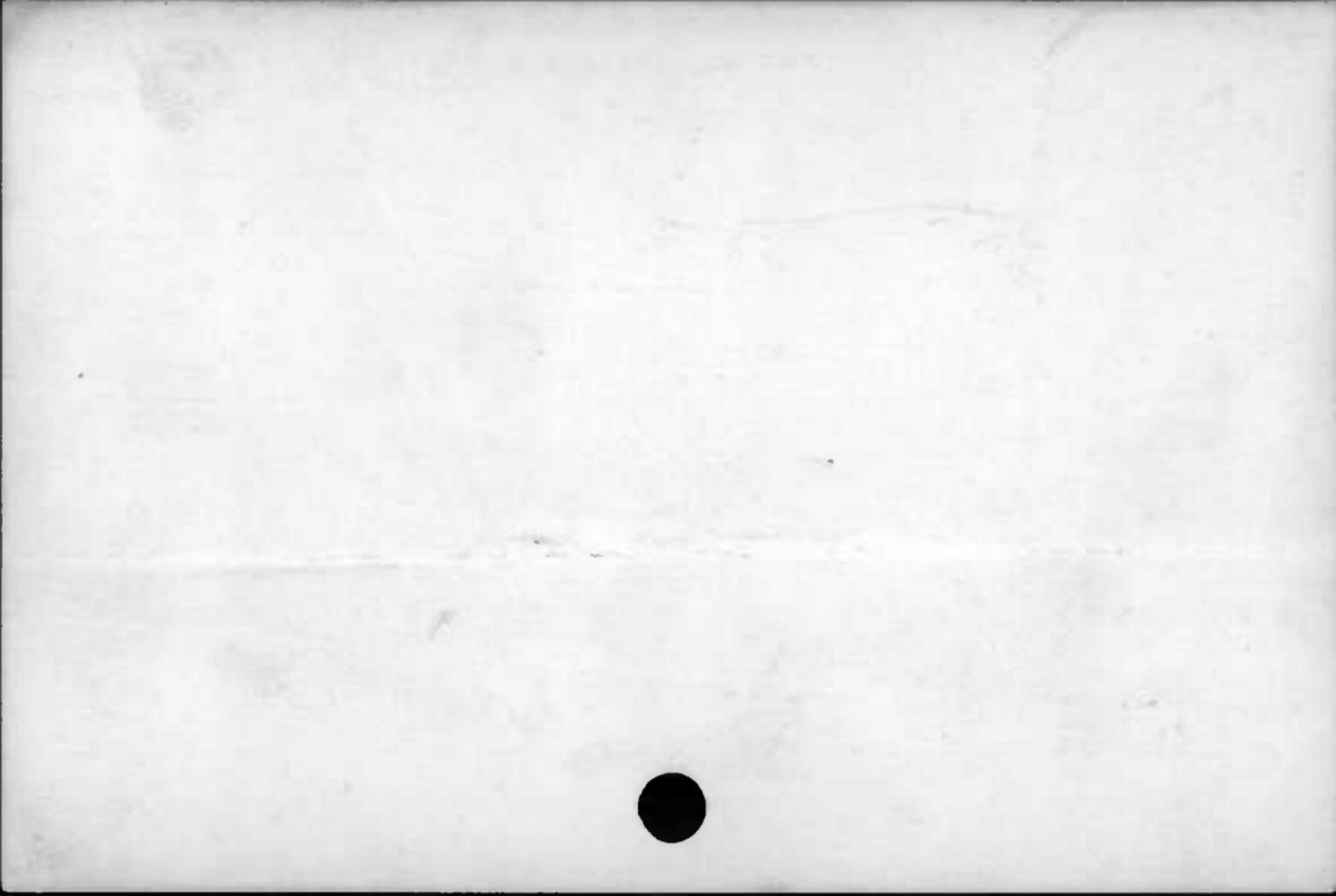
W^t Henry Hathaway

8th Edit
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	78	Aug 5		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Spouse	Name of Wife or Husband				
Father's Name	Sonny Southers					Father's Birthplace
Mother's Maiden Name	Sarah Barnes					Mother's Birthplace
Name of person giving Information	Sarah Hathaway					How related to deceased
CAUSES OF DEATH						
Primary	Paralysis					How long
Immediate	Paralysis of Heart					2 wks.
Are the name, age, sex, color, date and place correctly given above?			YES	Signature of Physician	S. M. Ryan	
				Address	Conowingo Md.	
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
Full

Mary A. Hedrick 3 disk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	52	Birth-place	Pa
Occupation	House work			Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	Geo Hedrick			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lymphoid Feu

How long

3 weeks

Immediate

Kardiac Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. P. Paricio M.D.,
Cherry Hill,
Md.

Accident or Suicide?

ze /

Name
in
Full

Emilia Hyland, Color,

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Elk Neck	Town	County	MARYLAND	
Date of death 190	Sept	Month Day	Years	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Cecil Co
Occupation	None	Where Residing If not at place of death	Elk Neck Cecil Co		
Married, Single or Widowed	Single	Name or Wife or Husband	Neither	Father's Birthplace	
Father's Name	No Father			Mother's Birthplace	Not Known
Mother's Maiden Name	Bertha Hyland			How related to deceased	Sister
Name of person giving Information	Werner Hyland				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Emphyritis	105	How long	10 weeks
Immediate	"		How long	2 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Theo A Horrall

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Stanley Johnson					CERTIFICATE OF DEATH		
Died at Rowlandville			County Cecil		MARYLAND		
Date of death 1908	Month 9	Day 7	Age 48	Years	Months	Days	
Sex male	Color or Race Black	Birth-place Virginia					
Occupation Quarryman	Where Residing if not at place of death Annie Howard						
Married, Single or Widowed married	Name of Wife or Husband Annie Howard	Father's Name don't know	Father's Birthplace don't know				
Mother's Maiden Name don't know	Mother's Name		Mother's Birthplace " "				
Name of person giving Information Lorraine Johnson	How related to deceased Son						

CAUSES OF DEATH

Primary Pulmonary Tuberculosis	How long 3 years
Immediate Tuberculosis	How long (2)
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Wm Mayes
	Address Coroner's M.D.
Accident or Suicide?	

Darwinc H. C —

Name
in
Full

Lefatia Kearney-

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Rising Sun	Town	County	MARYLAND		
Date of death	1905	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birthplace	England	
Occupation	None	Where Residing if not at place of death			Harrsville	
Married, Single or Widowed	Widow	Name of Wife or Husband	Robert Kearney (dead)			
Father's Name				Father's Birthplace	England	
Mother's Maiden Name				Mother's Birthplace	do	
Name of person giving information	W. J. Kearney -			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility

How long

3 months

Immediate

Heart Failure

How long

two hours

Are the name, age, sex, color, date and place correctly given above?

Yes

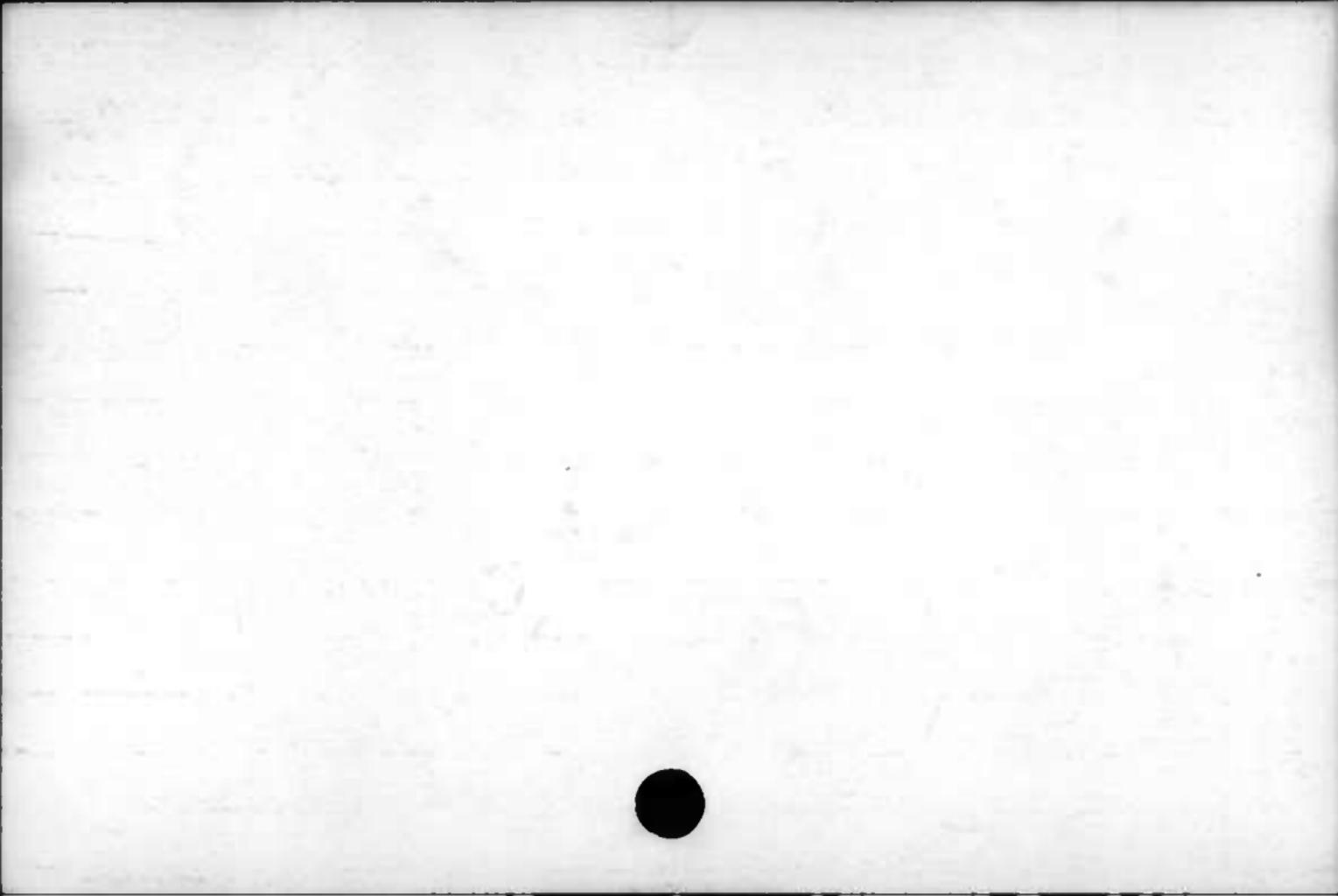
Signature of Physician

Address

Dr. Geo. S. Darr

Rising Sun
Maryland

Accident or Suicide?



Name
in
Full

Emerson Lincoln

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	80	—	—
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Isabel Lincoln			
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information					How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Old-Age	154	How long
	Immediate	Insanity		How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	He Brown
			Address	South East.
Accident or Suicide? —				



Elizabeth A. Mahoney

Town

County

Died at

Mechanics Valley

Craig

MARYLAND

Date of

1901

Month

Day

Y.

M.

D.

Native of

Male

Sept 16

65.6 4

Occupation

White

Age
Married

Widow

Divorced

Cais Co

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Bilious Remittent Fevers

How long sick

3 mos

Death

Immediate

General Debility

Accident, Suicide, Homicide

Reported by

Geo S. Rittenhouse M.D.

Address

North East Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lottie Meleske

64 Decr

CERTIFICATE OF DEATH

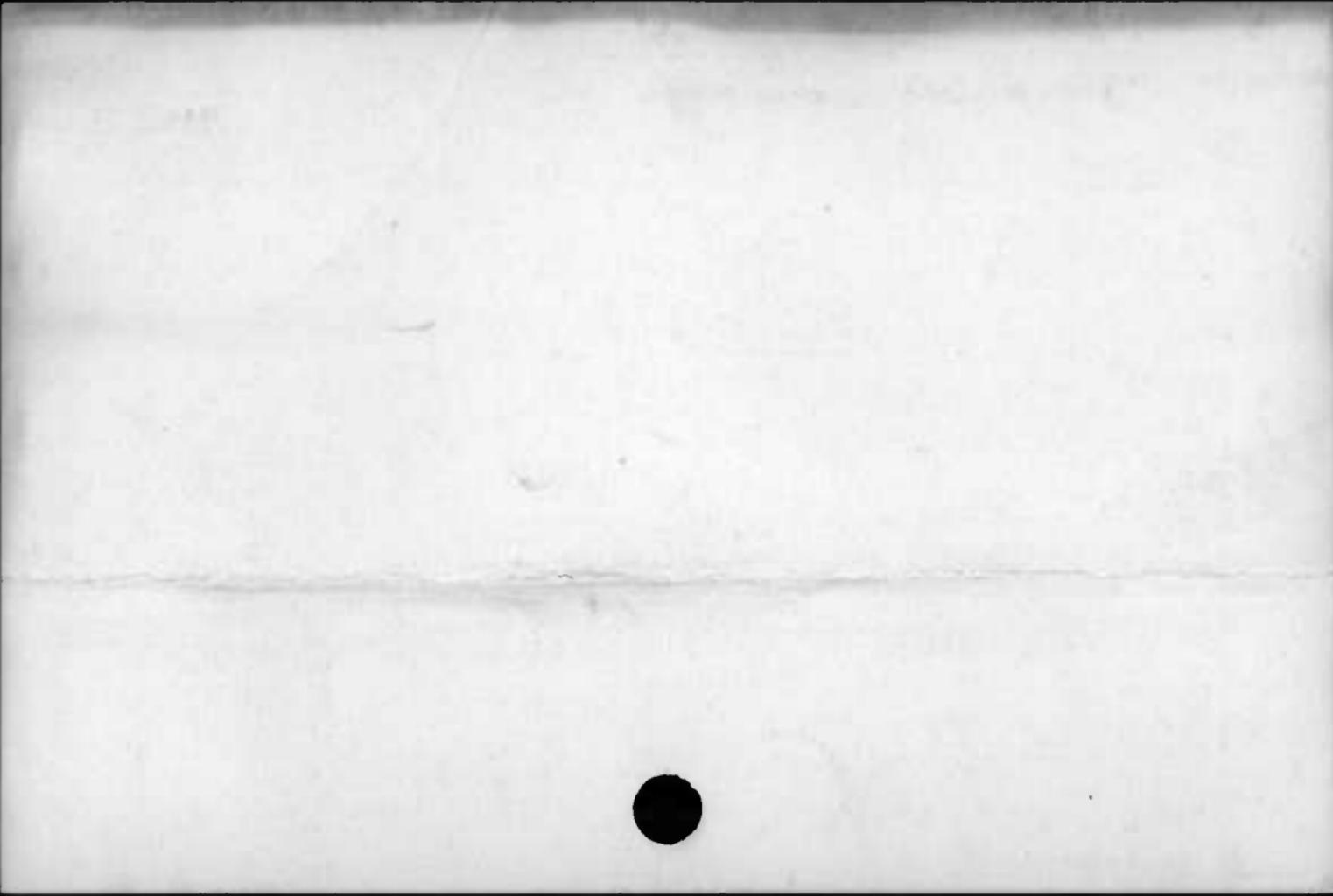
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1905	Sept	28	Age
Sex	female	Color or Race	white
Occupation	Wife (Infant)	Where Residing if not at place of death	home in Baltimore
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Walter Meleske	Father's Birthplace	Germany
Mother's Maiden Name	Celia Brukiewa	Mother's Birthplace	Germany
Name of person giving Information	Walter Meleske	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion	How long	3 hours
Immediate	Colic	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo S. Darr
Yes		Address	Rising Sun
Accident or Suicide?			
No			



Name
in
Full

Martha J. Michener,

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Coloza-	Deced	
Date of death	Month	Day	Years
1905	9	29	Age 72
Sex	Color or Race	Birth-place	
Female.	White	Coloza, Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Amy J. Michener,	
Father's Name	John Reynolds.		
Mother's Maiden Name			
Name of person giving Information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralytic dementia 67 How long 6 mo

Immediate Exhaustion How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

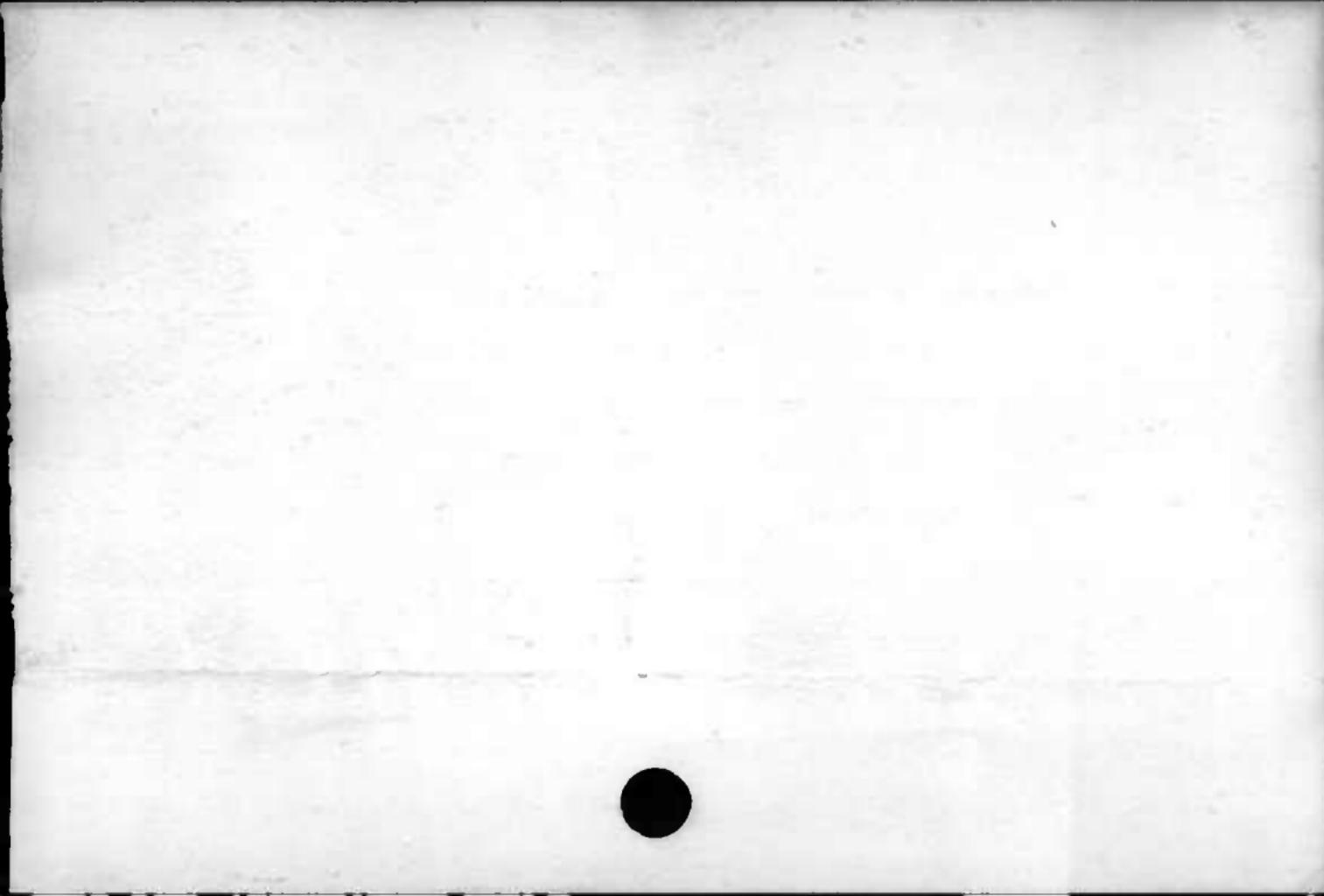
Ernest Rowland

Address

Liberty Grove

Md

Accident or Suicide?



Phoebe Moore

Town

Elkton

County

Cecil

MARYLAND

Died at

Elkton

Day

Y. M. D.

Native of

Occupation

Date 1905

Sept 9

Age

51 years

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

five

Husband of

Daniel Moore

Wife

Father's

Name

Joseph Scott

Mother's

Maiden Name

Eliza Scott

Cause of

Primary

How long sick

Death

Immediate

Immediate

Accident, Suicide, Homicide

Reported by

Ricketts Nelson, Coroner of Cecil

Address

County, Md.



Elkton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Grace Murphy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 190

Month

Day

Years

Months

Days

5 Sept

10

Age

8

Sex

male

Color or
Race

white

Birth-
place

Charleston

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

C. H. Murphy

Father's
Birthplace

Mother's
Maiden Name

Bertha McGuirk

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Jaundice

How long

Immediate

15 days

How long

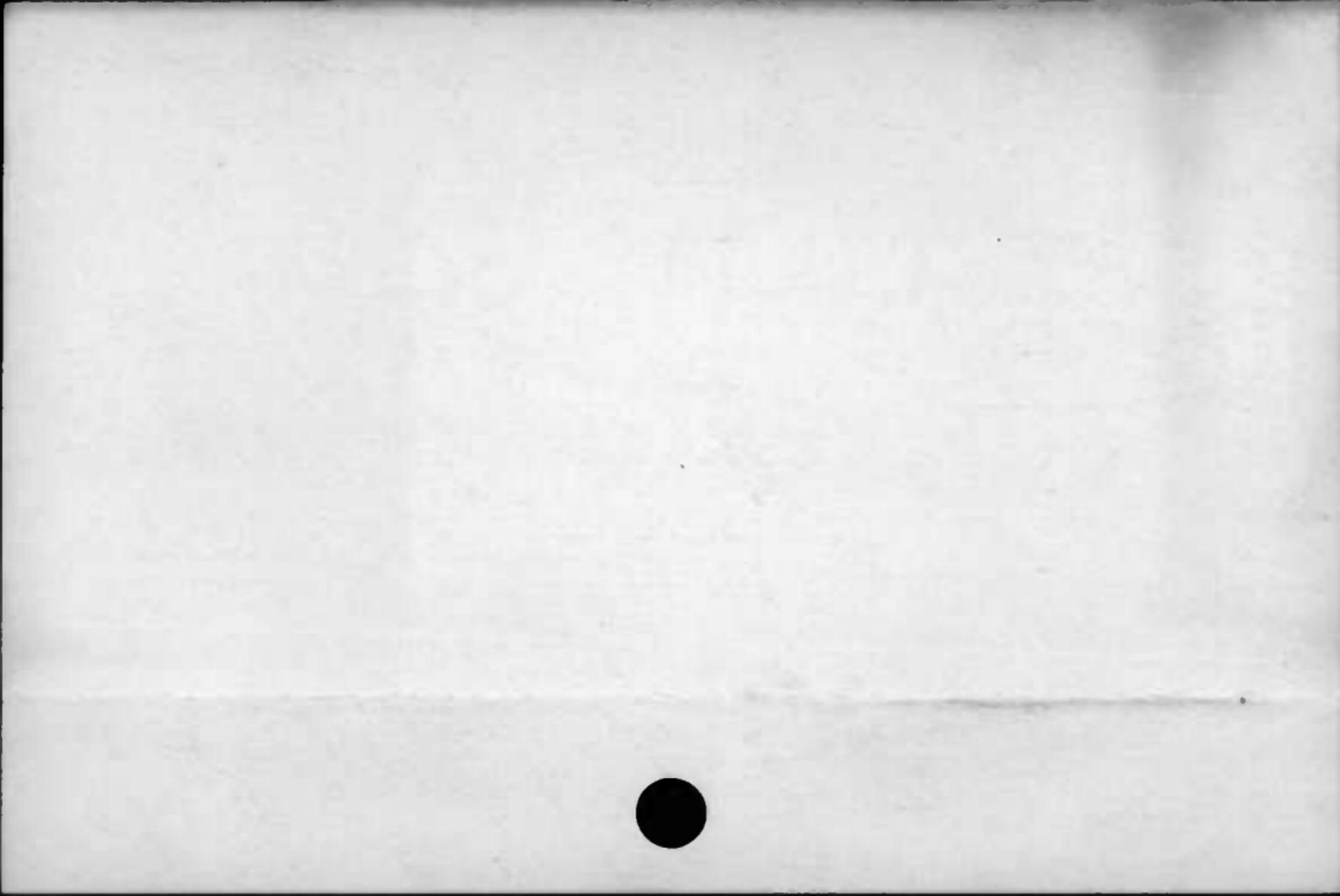
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

I. Daingerfield
Montgomery

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Occupation	Color or Race	Birth-place		Birthplace		
Married, Single or Widowed		Name of Wife or Husband	Where Residing if not at place of death				
Father's Name	Adam Raub		Annie Raub		Father's Birthplace		
Mother's Maiden Name	Annie Finisby S.				Mother's Birthplace		
Name of person giving information	Adam Raub				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Scarburton S. How long

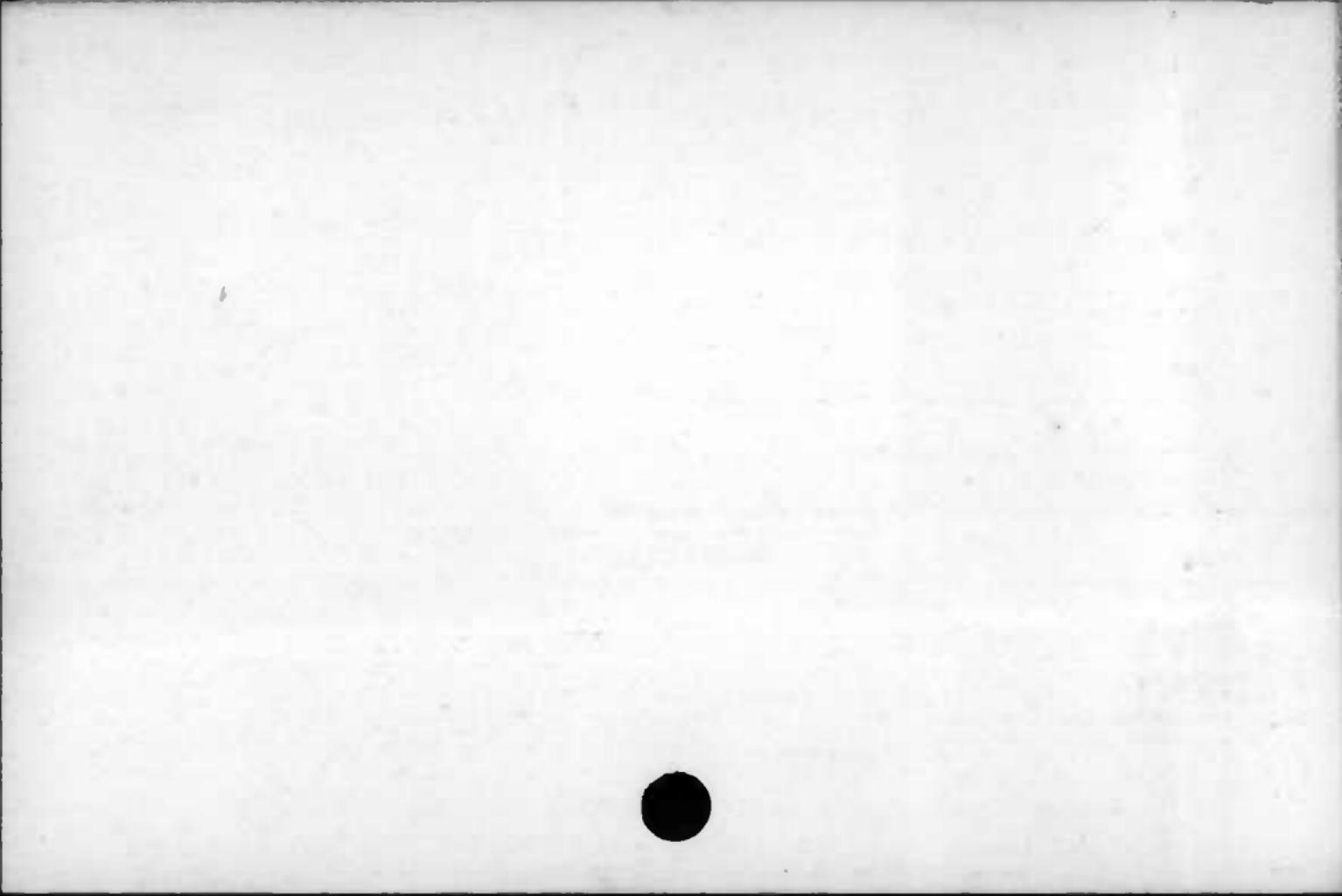
Immediate Scarburton S. How long

Are the name, age, sex, color, date and place correctly given above?

Address

O. Z. Gafford
Broad
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Birth Town		County		
Date of death	1903	Month Sept	Day 9th	Years	Months
Sex	Male		Color or Race	Days 3	
Occupation	Infant		Where Residing if not at place of death	Birth-place Birthplace	
Married, Single or Widowed	Single	Name of Wife or Husband	Ann Rau	Va	
Father's Name	Adam Rau		Father's Birthplace	Elk Neck	
Mother's Maiden Name	Annie Trisly		Mother's Birthplace	Father	
Name of person giving information	Adam Rau		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cyanosis

150

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

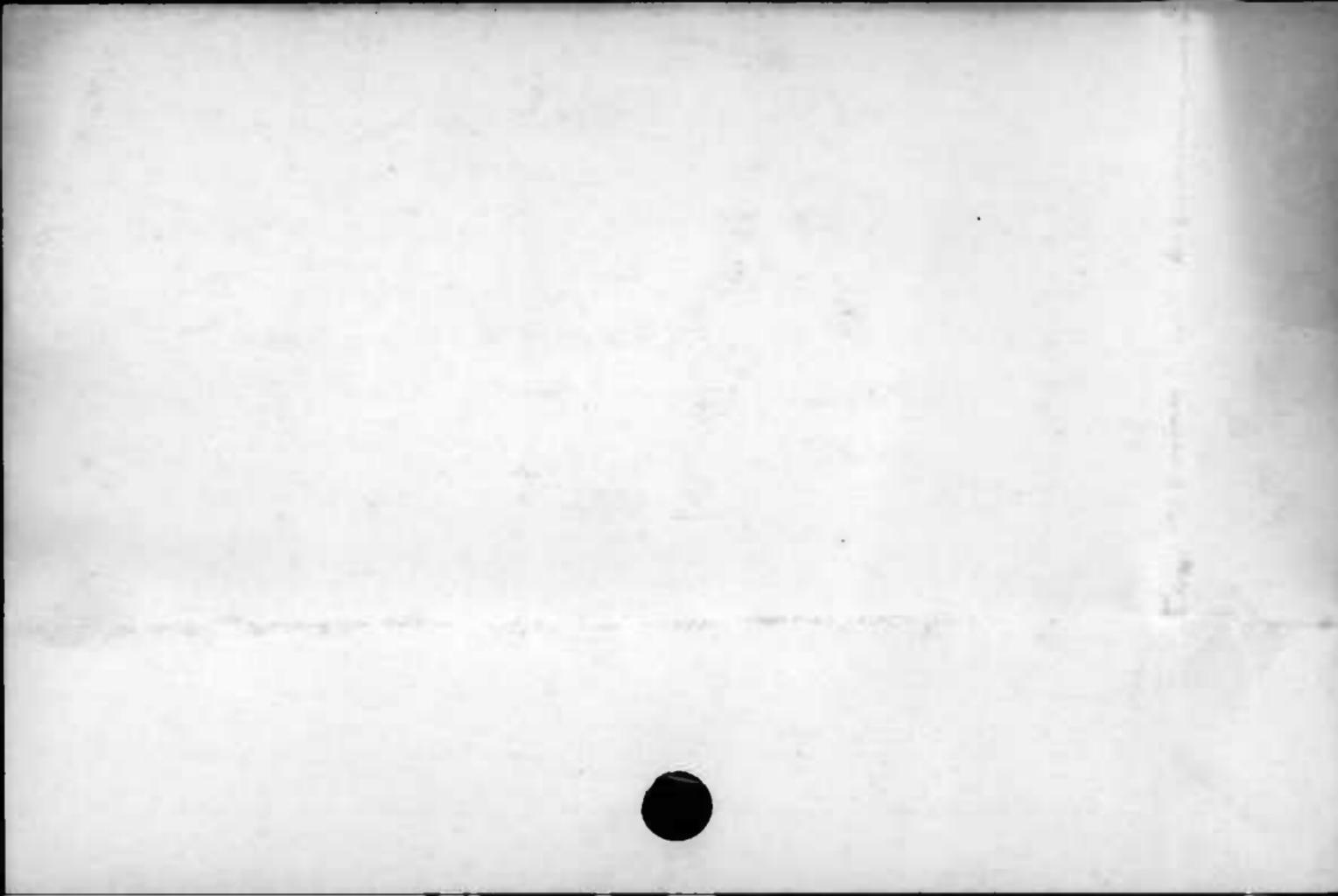
yes

Signature of Physician

Address

D.L. Gofford
Zion Ma

Accident or Suicide?



Name
in
Full

Georgiana Rice.

abder

CERTIFICATE OF DEATH

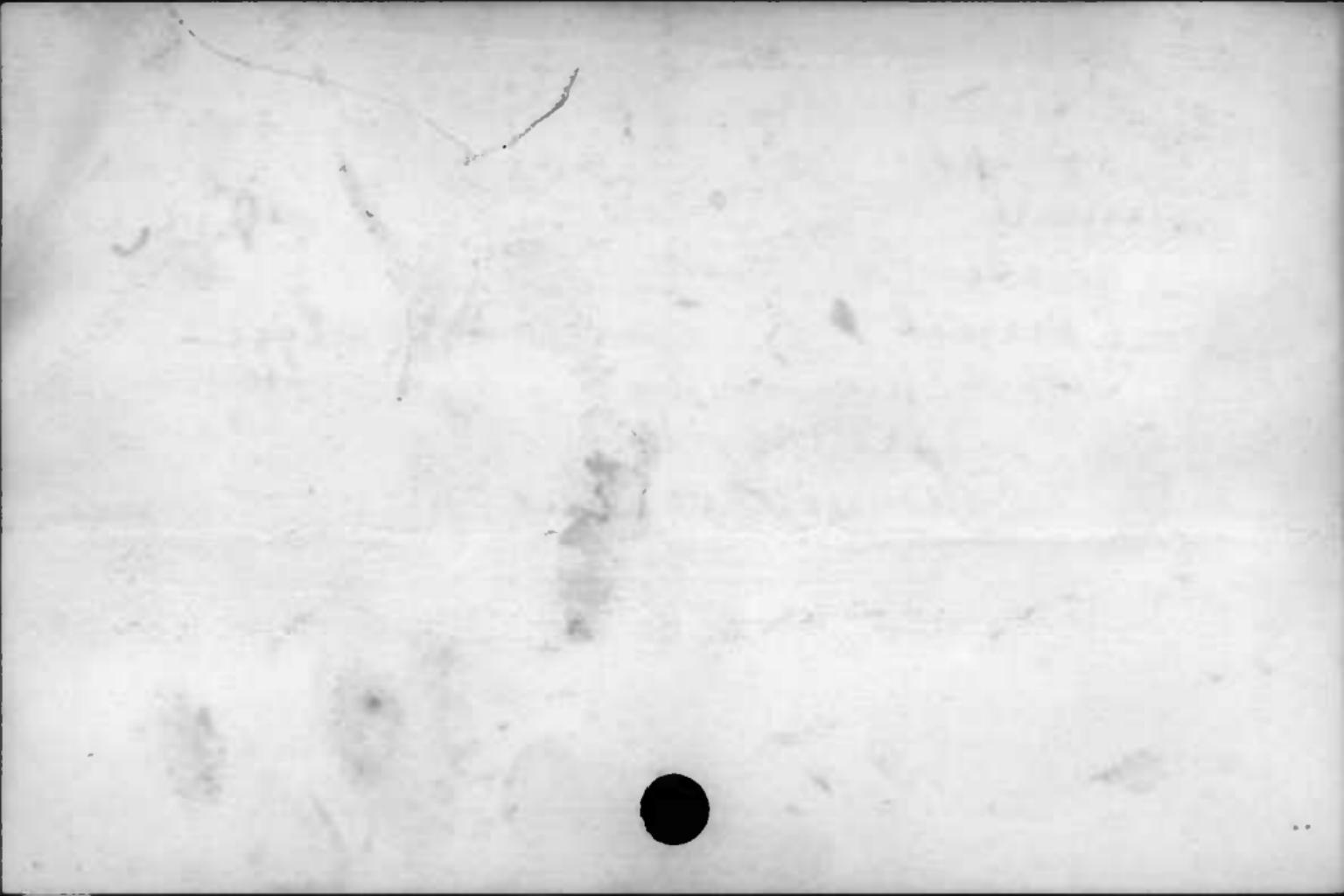
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Cecil County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	Sept.	22	1839	x	x
Sex	Color or Race	Age 46			
female.	Colored				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Spouse of wife or husband	Samuel B. Rice			
Father's Name	George Washington				
Mother's Maiden Name	Cassie Archie				
Name of person giving information	Samuel B. Rice.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mania (Insanity) Cause Ovarian & Menstrual irregularities		How long
Immediate	-Exhaustion		one month
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Ernest Rowland
		Address	Liberty Room Md.
Accident or Suicide?			



Name
in
Full

Thomas Rice

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birthplace	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Margaret-Rice			
Father's Name	Samuel Rice			Father's Birthplace	
Mother's Maiden Name	Susie —			Mother's Birthplace	
Name of person giving information	Margaret-Rice			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

How long

One year

Immediate

Inanition

How long

—

Are the name, age, sex, color, date and place correctly given above?

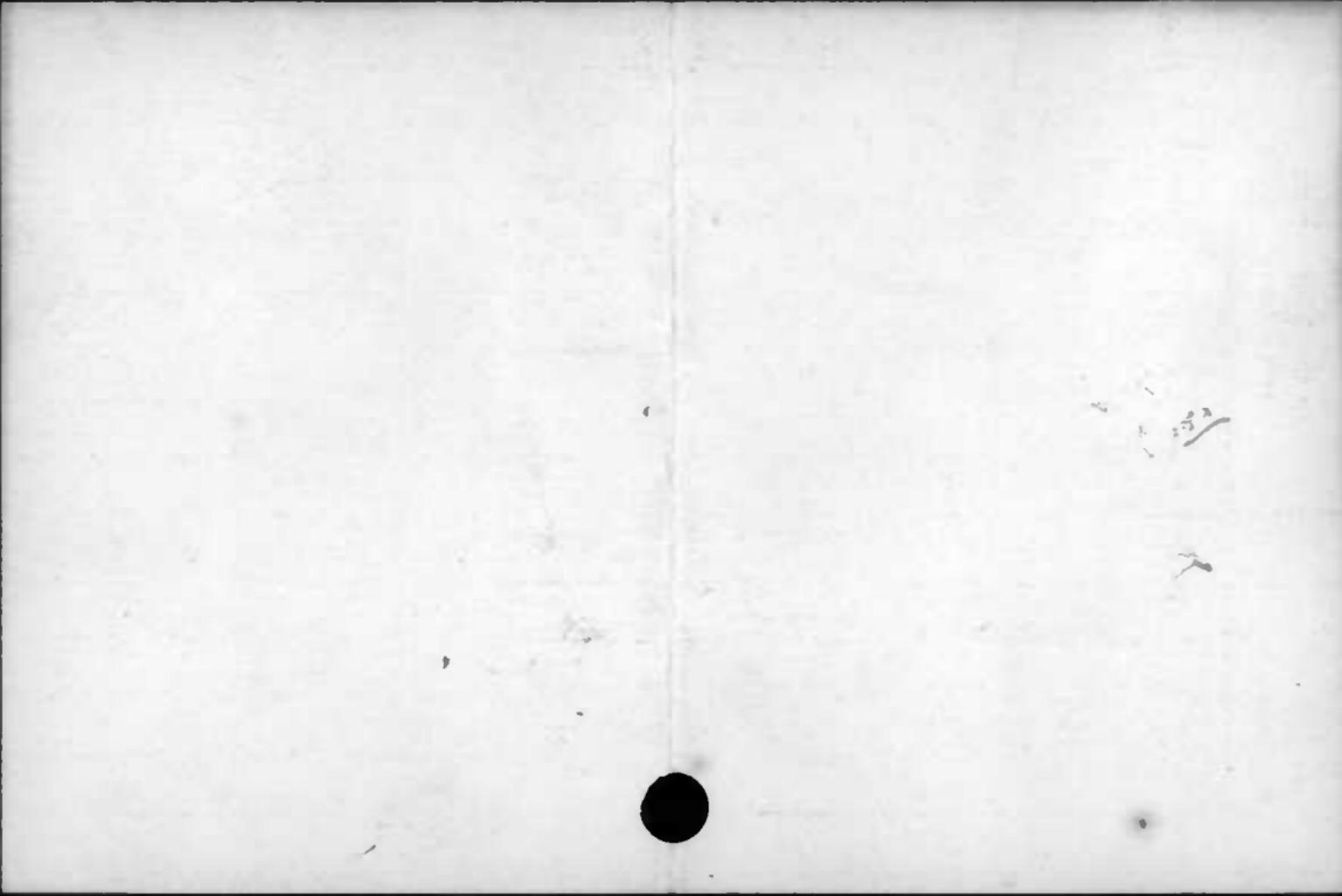
yes

Signature of Physician

Address

He Brown
North East.

Accident or Suicide?



Name
in
Full

Henry Rowan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	
Near Earleville		Cecil	
Date of death	Month	Day	Years
1905	9	1	36
Sex	Color or Race	Months	
Male	White	Days	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Widowed	Clara		
Father's Name	Father's Birthplace		
William P. Rowan	Del.		
Mother's Maiden Name	Mother's Birthplace		
Jennie E. Caveudan	Del.		
Name of person giving Information	How related to deceased		
J.C. Rowan	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Central Nervous Disease	64	How long about one year
Immediate	Apoplectic		How long 5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician O.W. Black	Address Lexington, Md
Accident or Suicide?			



Name
in
Full

Miriam H Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Meadow View, Bel Air, Md.	Baltimore			
Date of death	Month	Day	Years	Months	Days
1905	Sept	16	74		
Sex	female	Color or Race	white	Birth-place	Baltimore, Md.
Occupation	Retired	Where Residing if not at place of death			
Married, Single or Widowed	widow	Name of Wife or Husband	Edward J Russell	Dear	
Father's Name	Daniel Glendenen	Father's Birthplace	Baltimore		
Mother's Maiden Name	Miriam Ewing	Mother's Birthplace	"		
Name of person giving Information	Robert Russell	How related to deceased	son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause

Chronic Myocarditis

(A9)

How long

For a number of years

How long

Immediate Cause

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

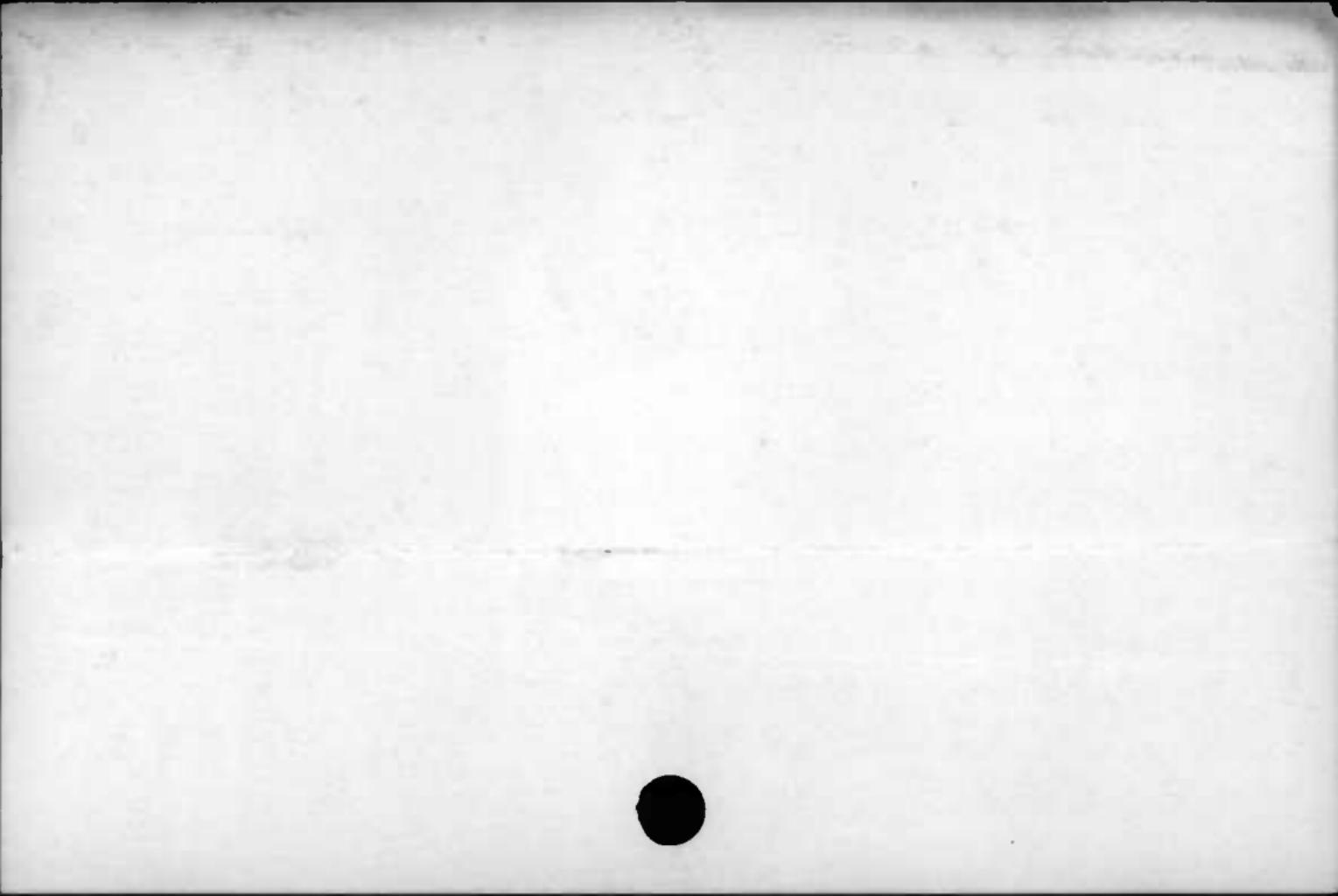
Yes

Signature of Physician

Address

Ernest Dowland
Liberty Grove, Md.

Accident or Suicide?



Name
in
Full

Thomas Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Died at	Elk neck	cecil			
Date of death	Month	Day	Years	Months	Days
1903	9	20	52	-	-
Sex	male	Color or Race	colored	Birth-place	Elk neck
Occupation	Gaber	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name	James Sanders	Father's Birthplace			
Mother's Maiden Name	Maria Ford	Mother's Birthplace			
Name of person giving Information	Joseph Ford	How related to deceased			

CAUSES OF DEATH

Primary

How long

1 year

Immediate

How long

1 year

Are the name, age, sex, color, date and place correctly given above?

Yes

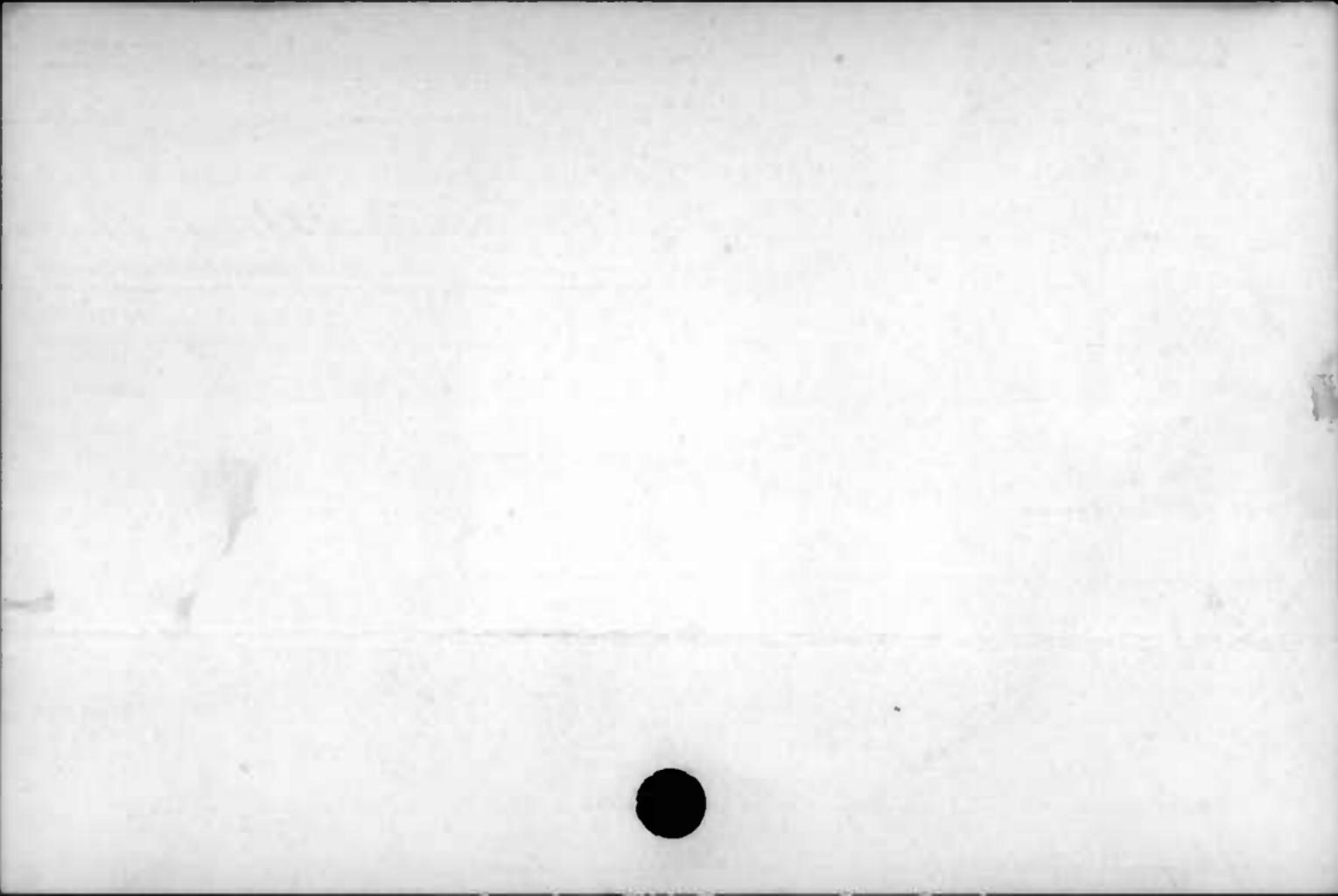
Signature of Physician

Geo S. Pittmanhouse

Address

North East Md

*Accident or Suicide?



Name
in
Full

Alice Dable Stubbs

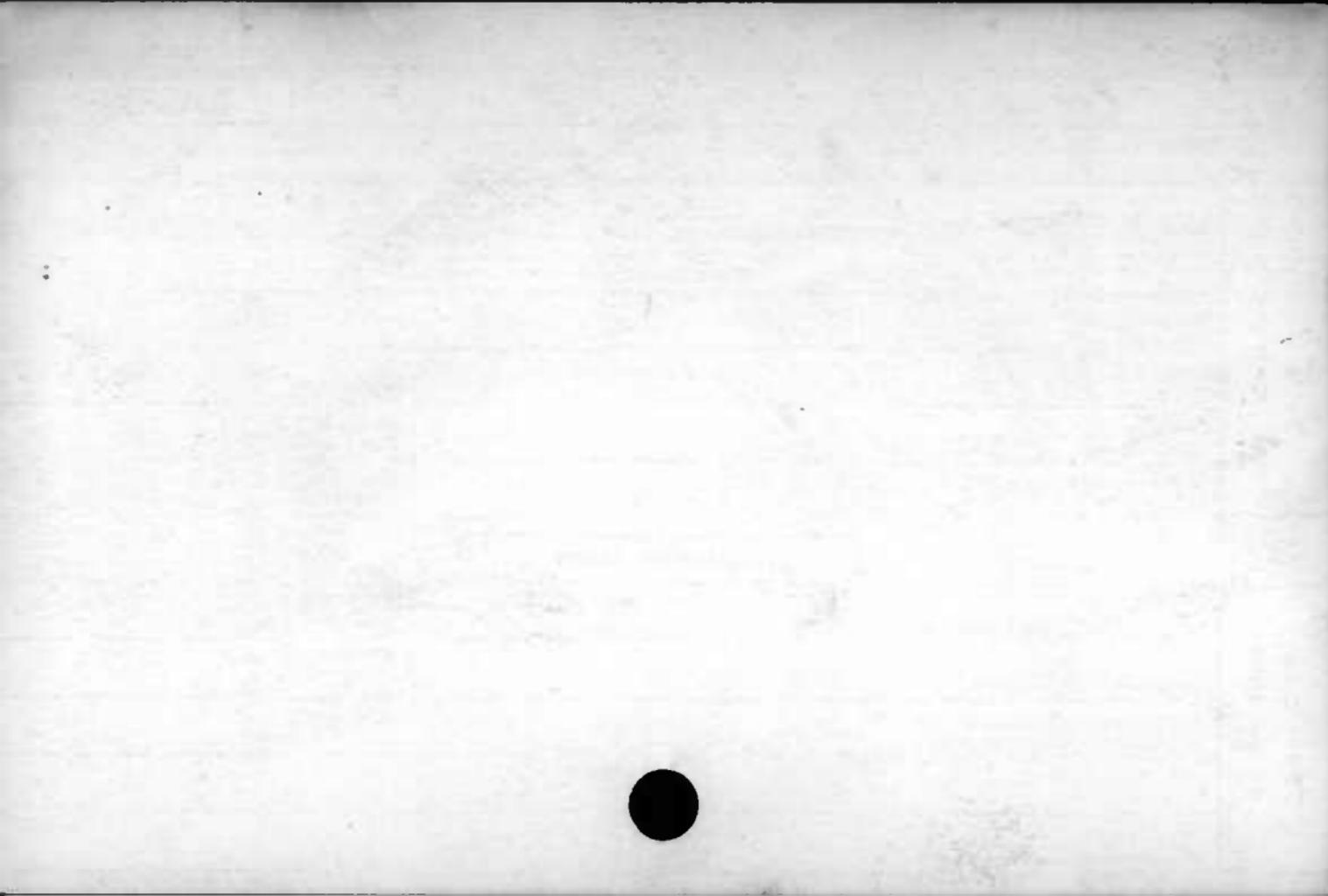
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Died at	Chesapeake City		Cecil		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1905	Sept	30		2	1	28
Sex	Female		Color or Race	White		
Occupation	Defendant		Where Residing if not at place of death	St Augustine		
Married, Single or Widowed	X		Name of Wife or Husband	X		
Father's Name	William A. Stubbs		Father's Birthplace	Ches. City		
Mother's Maiden Name	Faynie G. Boulden		Mother's Birthplace	Ches. City		
Name of person giving Information	A. A. Boulden		How related to deceased	Grandfather		

CAUSES OF DEATH

Primary	Cerebral Meningitis		How long	24 hours
Immediate	Convulsions		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. E. Garber M.D.	
Address	Chesapeake City Md			
Accident or Suicide?				



Name
in
Full

Wilhelm Roman West-

8th Oct

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Rowlandville	Cecil		
Date of death	Month	Day	Years Months Days
1905	9.	25	Age 14 0 22
Sex	Male	Color or Race	White
Occupation	None	Where Residing if not at place of death	Liberty Grove Md
Married, Single or Widow	Name of Wife or Husband		(166)
Father's Name	William Tego West	Father's Birthplace	Rowlandville Md
Mother's Maiden Name	Jane Elizabeth Bradley	Mother's Birthplace	Penns
Name of person giving information	Wm Tego West	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accident, Fall from a tree	How long
Immediate	Fracture of left thigh & vertebra	About 24 hours -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		S. T Roman
		Address
		Conowingo Md
Accident or Suicide?		

